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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Complete if Known
Application Number

Application Number 10/629,432 JULY 29, 2003 Filing Date INFORMATION DISCLOSURE First Named triventor DENNIS P. CURRAN STATEMENT BY APPLICANT Art Unit 1624 (Use as many abouts as necessary) MARK L. BERCH **Examiner Name** Alterney Docket Number 96-029 CON3 of 3 Sheet 1

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		CORRESPONDING TO PRESENT US APPLICATION				

Examiner
Signature

**EVANIMER: Initial if reference considered, whether or not challon is in confignance with MPEP 809. Draw line through distinct if not in confignance and not considered, include copy of this form with next consumerts and to applicants. *Applicant's unique challon designation number (optional). *See Rinds Codes of USPTO Paste Consuments at the recognistic optional. *See Rinds Codes of USPTO Paste Consuments at the recognistic optional ST3. *For Japanese patent documents, by the two-letter code (MPD Standard ST3.) *For Japanese patent documents, the indicated on the year of the reign of the Emperer must precede the serial number of the patent document. *Wind of document by the appropriate symbols so indicated on the document under WIPO Standard ST.16 if possible. *Applicant is to place a check mark here it English language

the appropriate symbols as indicated on the occument whose very contraction is standard.

Translation is standard.

This coffection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to fits (and by the USPTO to precess) an application. Certificities by governed by 35 U.S.C. 122 and 37 CFR 1.14. This coffection is estimated to take 2 hours to complete, including cathering, reporting, and submitting the completed application form to the USPTO. Time we vary depending upon the individual case. Any nonmentals on the amount of time you require to complete this term and/or suggestions for reducing this turnion, whould be sent to the Chief information Officer, U.S. Putent and Trademark Office, P.O. ion 1450, Abstraction, VA 22313-1450.

TO: Commissioner for Patients, P.O. Box 1450, Abstraction, VA 22313-1450.